

Data Provision Disclaimer

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MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN
ALL ACCEPTED MEDICAL EDERS
 From 11/28/2007 - 12/26/2007

MAXIMUS

2 PLAN & GMC COUNTIES																											
COUNTY	PLAN NAME	REASONS																									
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	E13	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X03	X04	TOTAL
ALAMEDA	Alameda Alliance For Health	0	2	0	0	23	5	0	0	15	0	0	33	1	1	0	0	0	0	0	0	0	1	0	0	1	82
	Blue Cross of CA Partnrshp	0	0	0	0	5	2	0	0	0	0	0	6	2	0	0	0	0	0	0	0	0	0	0	0	0	15
	COUNTY TOTAL	0	2	0	0	28	7	0	0	15	0	0	39	3	1	0	0	0	0	0	0	0	1	0	0	1	97
CONTRA COSTA	Blue Cross of CA Partnrshp	0	1	0	0	0	1	0	0	0	0	1	2	3	0	0	0	0	0	0	0	0	0	0	0	0	8
	Contra Costa Health Plan	0	0	0	0	0	1	1	0	2	0	3	27	2	0	0	0	0	0	0	0	0	0	0	0	0	36
	COUNTY TOTAL	0	1	0	0	0	2	1	0	2	0	4	29	5	0	0	0	0	0	0	0	0	0	0	0	0	44
FRESNO	Blue Cross of CA Partnrshp	0	3	0	0	0	45	0	0	0	0	1	8	0	0	0	0	0	0	0	0	0	0	0	0	0	57
	Health Net Comm Solutions	0	0	0	0	0	6	0	0	0	0	0	19	1	0	0	0	0	0	0	0	0	0	0	0	0	26
	COUNTY TOTAL	0	3	0	0	0	51	0	0	0	0	1	27	1	0	0	0	0	0	0	0	0	0	0	0	0	83
KERN	Health Net Comm Solutions	0	0	0	0	0	2	0	0	0	0	0	31	1	0	0	0	0	0	0	0	0	0	0	0	0	34
	Kern Family Health Care	1	1	0	0	0	15	2	0	0	0	1	82	1	0	0	0	0	0	0	0	0	0	0	0	1	104
	COUNTY TOTAL	1	1	0	0	0	17	2	0	0	0	1	113	2	0	0	0	0	0	0	0	0	0	0	0	0	1
LOS ANGELES	Health Net Comm Solutions	1	7	0	0	0	142	1	0	14	0	4	244	57	2	0	0	0	0	0	0	0	0	0	0	10	482
	L.A. Care Health Plan	0	5	0	0	0	266	1	0	6	0	2	198	56	0	0	0	0	0	0	0	1	0	0	0	19	554
	COUNTY TOTAL	1	12	0	0	0	408	2	0	20	0	6	442	113	2	0	0	0	0	0	0	1	0	0	0	29	1,036
RIVERSIDE	Inland Empire Health Plan	1	1	0	0	0	14	0	0	2	0	1	57	7	2	0	0	0	0	0	0	0	0	0	0	3	88
	Molina Healthcare Partner	0	0	0	0	0	19	0	0	1	0	0	15	2	0	0	0	0	0	0	0	0	0	0	0	1	38
	COUNTY TOTAL	1	1	0	0	0	33	0	0	3	0	1	72	9	2	0	0	0	0	0	0	0	0	0	0	4	126
SACRAMENTO	Blue Cross of CA Partnrshp	0	3	0	0	0	46	0	0	0	0	1	16	1	0	0	0	0	0	0	0	0	0	0	0	0	67
	Care1st Partner Plan, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Health Net Comm Solutions	0	0	0	0	0	8	0	0	0	0	0	19	0	1	0	0	0	0	0	0	0	0	0	0	0	28
	KP Cal, LLC	0	0	0	0	0	4	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	7
	Molina Healthcare Partner	0	1	0	0	0	10	0	0	0	0	0	14	2	0	0	0	0	0	0	0	0	0	0	0	0	27
	WHA Community Health Plan	0	0	0	0	0	4	0	0	1	0	1	6	5	0	0	0	0	0	0	0	0	0	0	0	0	17
	COUNTY TOTAL	0	4	0	0	0	72	0	0	2	0	2	55	9	1	0	0	0	0	0	0	0	0	0	0	1	146
SAN BERNARDINO	Inland Empire Health Plan	1	3	0	0	1	14	1	0	3	0	0	65	7	2	0	0	0	0	0	0	0	0	0	0	2	99
	Molina Healthcare Partner	0	0	0	0	1	3	0	0	2	0	0	16	6	0	0	0	0	0	0	0	0	0	0	0	3	31
	COUNTY TOTAL	1	3	0	0	2	17	1	0	5	0	0	81	13	2	0	0	0	0	0	0	0	0	0	0	5	130
SAN DIEGO	Blue Cross of CA Partnrshp	0	4	0	0	0	21	0	0	0	0	1	0	4	0	0	0	0	0	0	0	0	0	0	0	2	32
	Care1st Partner Plan, LLC	0	3	0	0	0	3	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	8
	Community Hlth Grp Partner	0	3	0	0	0	34	0	0	1	0	0	18	1	0	0	0	0	0	0	0	0	0	0	0	0	57
	Health Net Comm Solutions	0	0	0	0	0	17	0	0	1	0	1	19	4	0	0	0	0	0	0	0	0	0	0	0	2	44
	KP Cal, LLC	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	Molina Healthcare Partner	0	1	1	0	0	16	0	0	1	0	1	2	3	0	0	0	0	0	0	0	0	0	0	0	1	26
COUNTY TOTAL	0	11	1	0	0	93	0	0	3	0	3	40	13	0	0	0	0	0	0	0	0	0	0	0	5	169	
SAN FRANCISCO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3
	San Francisco Health Plan	0	0	0	0	0	3	0	0	0	0	0	9	1	0	0	0	0	0	0	0	0	0	0	0	0	13
	COUNTY TOTAL	0	0	0	0	0	3	0	0	0	0	0	12	1	0	0	0	0	0	0	0	0	0	0	0	0	16
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	0	0	0	8	0	0	0	0	0	0	4	2	0	0	0	0	0	0	0	0	0	0	0	1	15
	Health Plan of San Joaquin	0	0	0	0	25	0	0	0	0	0	0	23	0	1	0	0	0	0	0	0	0	0	0	0	0	49
	COUNTY TOTAL	0	0	0	0	33	0	0	0	0	0	0	27	2	1	0	0	0	0	0	0	0	0	0	0	1	64
SANTA CLARA	Blue Cross of CA Partnrshp	0	1	0	0	0	2	0	0	0	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	0	14
	Santa Clara Family H.P.	0	5	0	0	0	13	0	0	0	0	4	84	0	0	0	0	0	0	0	0	0	0	0	0	0	106
	COUNTY TOTAL	0	6	0	0	0	15	0	0	0	0	4	95	0	0	0	0	0	0	0	0	0	0	0	0	0	120
STANISLAUS	Blue Cross of CA Partnrshp	0	0	0	0	0	12	1	0	1	0	1	10	0	0	0	0	0	0	0	0	0	0	0	0	0	25
	Health Net Comm Solutions	0	0	0	0	0	3	0	0	0	0	0	16	0	0	0	0	0	0	0	0	0	0	0	0	0	19
	COUNTY TOTAL	0	0	0	0	0	15	1	0	1	0	1	26	0	0	0	0	0	0	0	0	0	0	0	0	0	44
TULARE	Blue Cross of CA Partnrshp	0	1	0	0	0	17	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	22
	Health Net Comm Solutions	0	0	0	0	0	2	0	0	1	0	0	10	0	0	0	0	0	0	0	0	0	0	0	0	0	13
	COUNTY TOTAL	0	1	0	0	0	19	0	0	1	0	0	14	0	0	0	0	0	0	0	0	0	0	0	0	0	35
2 PLAN & GMC COUNTY TOTAL		4	45	1	0	63	752	7	0	52	0	23	1,072	171	9	0	0	0	0	0	0	1	1	0	0	47	2,248

MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN
ALL ACCEPTED MEDICAL EDERS
 From 11/28/2007 - 12/26/2007

MAXIMUS

VOLUNTARY COUNTIES																											
COUNTY	PLAN NAME	REASONS																									
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	E13	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X03	X04	TOTAL
MARIN	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SONOMA	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VOLUNTARY COUNTY TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		4	45	1	0	63	752	7	0	52	0	23	1,072	171	9	0	0	0	0	0	0	1	1	0	0	47	2,248

REASON CODE

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using HCP

E08 = Terminated By Plan
 E09 = Long Term Care
 E10 = CCS Not in a PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out of County
 E13 = Pregnancy
 I01 = System Created

F01 = Could Not Choose Dr
 F02 = HP Did Not Meet Needs/Bene Pref.
 F03 = Dr Did Not Meet Bene Needs
 F04 = Too Far To Go
 F05 = Did Not Choose Plan
 F06 = Moving Out of County
 F09 = Other Reason

F10 = No Reason Checked
 X01 = Waiver Program Exempt
 X03 = Indian Health Coverage
 X04 = Medical Exempt

MSC-B-M27D APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN
ALL ACCEPTED MEDICAL EDERS
 From 11/28/2007 - 12/26/2007

MAXIMUS

GMC MANDATORY DENTAL COUNTIES

COUNTY	PLAN NAME	REASONS																								TOTAL
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X02	X03	
SACRAMENTO	Access Dental Plan	0	0	0	0	0	20	0	0	0	0	0	20	0	0	0	0	0	0	0	0	0	0	0	0	40
	Community Dental Svc, Inc.	0	0	0	0	0	2	0	0	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	10
	Liberty Dental Plan of CA	0	0	0	0	0	4	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	1	14
	Western Dental Services	0	2	0	0	0	21	0	0	0	0	0	19	0	0	0	0	0	0	0	0	0	0	0	0	42
	COUNTY TOTAL	0	2	0	0	0	47	0	0	0	0	0	56	0	0	0	0	0	0	0	0	0	0	0	1	106
GMC MANDATORY COUNTIES TOTAL		0	2	0	0	0	47	0	0	0	0	0	56	0	0	0	0	0	0	0	0	0	0	0	1	106

VOLUNTARY DENTAL COUNTIES

COUNTY	PLAN NAME	REASONS																								TOTAL
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X02	X03	
LOS ANGELES	Access Dental Plan	0	2	0	0	0	21	0	0	0	0	0	25	0	0	0	0	0	0	0	0	0	0	0	0	48
	American Health Guard	0	3	0	0	0	5	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	15
	Care 1st Health Plan	0	1	0	0	0	3	0	0	1	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	18
	Community Dental Svc, Inc.	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	5
	Health Net	0	2	0	0	0	12	0	0	1	0	0	12	1	0	0	0	0	0	0	0	0	0	0	0	28
	Liberty Dental Plan of CA	0	0	0	0	0	2	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	5
	SafeGuard Dental, Inc.	0	0	0	0	0	5	0	0	1	0	0	12	0	0	0	0	0	0	0	0	0	0	0	0	18
	Western Dental Services	0	3	0	0	0	7	0	0	0	0	0	28	0	0	0	0	0	0	0	0	0	0	0	0	38
	COUNTY TOTAL	0	11	0	0	0	55	0	0	3	0	0	105	1	0	0	0	0	0	0	0	0	0	0	0	175
RIVERSIDE	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
SAN BERNARDINO	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	United Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VOLUNTARY COUNTIES TOTAL		0	11	0	0	0	55	0	0	3	0	0	106	1	0	0	0	0	0	0	0	0	0	0	0	176
GRAND TOTAL		0	13	0	0	0	102	0	0	3	0	0	162	1	0	0	0	0	0	0	0	0	0	0	1	282

REASON CODE

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using HCP

E08 = Terminated By Plan
 E09 = Long Term Care
 E10 = CCS Not in a PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out of County
 I01 = System Created
 F01 = Could Not Choose Dr

F02 = HP Did Not Meet Needs/Bene Pref.
 F03 = Dr Did Not Meet Bene Needs
 F04 = Too Far To Go
 F05 = Did Not Choose Plan
 F06 = Moving Out of County
 F09 = Other Reason
 F10 = No Reason Checked

X01 = Waiver Program Exempt
 X02 = Dental Exempt
 X03 = Indian Health Coverage

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MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY

11/28/2007 - 12/26/2007

EFFECTIVE 1/1/2008

MAXIMUS

2 PLAN & GMC COUNTIES

COUNTY	PLAN NAME	REASONS													
		A	B	C	D	E	F	G	M	P	U	V	W	Y	TOTAL
ALAMEDA	Alameda Alliance For Health	0	0	0	1	0	0	0	0	4	0	0	0	0	5
	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	1	0	0	0	0	4	0	0	0	0	5
CONTRA COSTA	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Contra Costa Health Plan	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	0	0	1	0	0	0	0	1
FRESNO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
KERN	Health Net Comm Solutions	0	0	0	0	0	0	0	0	2	0	0	0	0	2
	Kern Family Health Care	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	1	0	0	0	2	0	0	0	0	3
LOS ANGELES	Health Net Comm Solutions	2	3	4	2	0	0	1	2	10	0	0	0	0	24
	L.A. Care Health Plan	2	0	3	3	2	1	4	11	13	0	0	0	0	39
	COUNTY TOTAL	4	3	7	5	2	1	5	13	23	0	0	0	0	63
RIVERSIDE	Inland Empire Health Plan	1	0	0	0	0	0	0	3	2	0	0	0	0	6
	Molina Healthcare Partner	0	0	0	1	0	0	1	0	1	0	0	0	0	3
	COUNTY TOTAL	1	0	0	1	0	0	1	3	3	0	0	0	0	9
SACRAMENTO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	Care1st Partner Plan, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	KP Cal, LLC	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	WHA Community Health Plan	1	0	0	0	0	0	0	0	1	0	0	0	0	2
	COUNTY TOTAL	2	0	0	0	0	0	0	0	2	0	0	0	0	4
SAN BERNARDINO	Inland Empire Health Plan	0	0	2	0	0	0	0	1	5	0	0	0	0	8
	Molina Healthcare Partner	0	0	0	0	0	0	0	3	1	0	0	0	0	4
	COUNTY TOTAL	0	0	2	0	0	0	0	4	6	0	0	0	0	12
SAN DIEGO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	2	0	0	0	0	0	0	2
	Care1st Partner Plan, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Community Hlth Grp Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Health Net Comm Solutions	0	0	2	1	0	0	0	0	1	0	0	0	0	4
	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Molina Healthcare Partner	0	0	0	0	1	0	1	0	0	0	0	0	0	2
	COUNTY TOTAL	0	0	2	1	1	0	3	0	1	0	0	0	0	8

MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY

11/28/2007 - 12/26/2007

EFFECTIVE 1/1/2008

MAXIMUS

2 PLAN & GMC COUNTIES

COUNTY	PLAN NAME	REASONS													
		A	B	C	D	E	F	G	M	P	U	V	W	Y	TOTAL
SAN FRANCISCO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	San Francisco Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SAN JOAQUIN	Blue Cross of CA Partnrshp	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	1	0	0	0	0	0	0	0	0	0	0	0	0	1
SANTA CLARA	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
STANISLAUS	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TULARE	Blue Cross of CA Partnrshp	0	0	0	1	0	0	0	0	0	0	0	0	0	1
	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	1	0	0	0	0	0	0	0	0	0	1
TOTAL		8	3	11	9	4	1	9	20	42	0	0	0	0	107

REASON CODE

A = Neurological Disorder
B = Hematological Disorder
C = Cancer Therapy
D = Renal Dialysis
E = Major Organ Transplant

F = HIV / AIDS
G = Awaiting Surgery or Treatment
M = Other Complex Medical Condition
P = Pregnant

U = Waiver - AIDS
V = Waiver - Model
W = Waiver - IHMC
Y = Waiver - SNF

MSC-B-M29D DENTAL EXEMPTIONS SUMMARY

11/28/2007 - 12/26/2007

EFFECTIVE 1/1/2008

MAXIMUS

2 PLAN & GMC COUNTIES								
COUNTY	PLAN NAME	REASONS						
		Regular Dental	Indian	Temp Exempt - Foster Care	Temp Exempt - Long Term Care	Temp Exempt - Moved Out of County	Other Dental	TOTAL
LOS ANGELES	Access Dental Plan	0	0	0	0	0	0	0
	American Health Guard	0	0	0	0	0	0	0
	Care 1st Health Plan	0	0	0	0	0	0	0
	Community Dental Svc, Inc.	0	0	0	0	0	0	0
	Health Net	0	0	0	0	0	0	0
	Liberty Dental Plan of CA	0	0	0	0	0	0	0
	SafeGuard Dental, Inc.	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
RIVERSIDE	SafeGuard Dental, Inc.	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
SACRAMENTO	Access Dental Plan	0	0	0	0	0	0	0
	Community Dental Svc, Inc.	0	0	0	0	0	0	0
	Liberty Dental Plan of CA	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
SAN BERNARDINO	SafeGuard Dental, Inc.	0	0	0	0	0	0	0
	United Health Plan	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
TOTAL		0	0	0	0	0	0	0